

THE FORTY-SEVENTH ANNUAL REPORT
OF THE
SUPERINTENDENT
OF THE
BOSTON LUNATIC HOSPITAL,
TO THE
BOARD OF DIRECTORS FOR PUBLIC INSTITUTIONS,

For the Year ending December 31, 1885.



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OFFICERS OF THE HOSPITAL.

THEO. W. FISHER, M.D.	.	.	.	Superintendent.
EDWARD B. LANE, M.D.	.	.	.	First Assistant.
ROBERT SWIFT, M.D.	.	.	.	Second Assistant.
T. PAYSON CLARK	.	.	.	Interne.
WILLIAM W. GANNETT, M.D.	.	.	.	Pathologist.
REV. JONAS B. CLARK.	.	.	.	Chaplain.
SARAH E. OSBORN	.	.	.	Organist.
GEORGE RHODES	.	.	.	Male Supervisor.
ISABELLA NICHOLSON	.	.	.	Female Supervisor.
CASSIE PEARSON	.	.	.	Seamstress.
ABBY SHATTUCK	.	.	.	Laundress.
MARY CAVERLY	.	.	.	House Cook.
MARY CHISHOLM	.	.	.	Hospital Cook.
DUDLEY L. PHILBRICK.	.	.	.	Marketman.
ROBERT MORRISON	.	.	.	Gardener.
JOHN WADE	.	.	.	Engineer.



REPORT OF THE SUPERINTENDENT OF THE BOSTON LUNATIC HOSPITAL.

To the Board of Directors for Public Institutions: —

GENTLEMEN,—By a recent ordinance, the City Government has directed that all reports of departments and public institutions shall be made at the beginning of the calendar year. This change is no doubt desirable as far as the City Government is concerned, giving the incoming Mayor and the new members of the Board of Aldermen and Common Council information necessary for a correct knowledge of city affairs.

From the hospital point of view, the change is less desirable. The labor of preparing an annual report, with all the usual tables of statistics, in the midst of the press of work entailed on us by the holidays, is not calculated to make us enthusiastic over it. All the officers and employés in our lunatic hospitals are now deprived of the usual holidays. They never leave the hospital on those days, and always do extra duty for many days before and after. Such recreation as they can enjoy in company with the inmates is allowed, and no other. For these reasons, unusual demands on their time at such periods are not welcome.

The statistical year no longer coincides with the financial year, which ends April 30, and another statistical review must be made then on which to base our estimate of expenses for the ensuing year; neither does it coincide with the statistical year of the State institutions, which ends September 30, so that we are obliged to furnish the Board of Health, Lunacy, and Charity with special statistics at that time. Our tables

never compare properly, year for year, with those of the State insane hospitals. In addition, we furnish statistics twice a year to the Committee on Prisons and Houses of Detention, although we rather resent the association implied in the name.

No doubt these disadvantages will prove trivial, when compared with the benefits which will result to us. The new City Government will certainly be in possession of a knowledge of the wants of each institution in season to devise means of relief during their term of office. Our great and urgent want, like that of every hospital in the State, may be expressed in two words—*more room!*

It would be easy to explain the situation at length ; but little can be said in addition to the statements made in my last report for the year ending April 30, 1885. Everything therein affirmed can be reaffirmed with redoubled emphasis. The history of the hospital for the past eight months has fulfilled all my predictions.

The following table, for better comparison next year, will cover the whole of the last calendar year. The statistical tables to be found in the appendix will, however, be compiled for eight months only, as their value would be destroyed if allowed to overlap those of last April.

GENERAL STATISTICS OF THE YEAR.

	Males.	Females.	Total.
Patients in hospital December 31, 1884 ..	98	103	201
Admissions within the year.....	70	62	132
Emergency cases	22	22	44
Voluntary “	9	2	11
Committed “	39	38	77
Whole number of cases....	168	165	333
Discharged within the year	53	51	104
Transferred within five days	14	15	29
Recovered	15	16	31
Much improved .....	..	..	..
Improved	2	4	6
Unimproved	3	..	3
Died	19	16	35
Patients remaining December 31, 1885...	115	114	229
Supported as city patients .....	..	..	..
“ private patients .....	..	..	..
Number of different persons	167	165	332
“ admitted.....	69	62	131
“ recovered	15	16	31
Daily average number.....	105	104	209
¹ Percentage of recoveries.....	27	34	30

¹ This is calculated on the admissions less the emergency cases not treated here.

It will be seen by this table that we began the year with 201 patients. The hospital will properly accommodate, without crowding, 28 patients in each of its six wards, making 168 patients in all. It was agreed two years or more ago, in consultation with your Board, that, owing to the crowded condition of the State hospitals, we would allow this hospital to fill up to the limit of 200 patients. This limit was reached a year ago, and it was hoped that it would not be passed. The pressure was so great, however, — owing to the still greater crowding of the State hospitals, — that the limit was disregarded, and we now have 229 patients, and see no stopping-place short of absolute incapacity to put up another bed.

With about 60 patients sleeping in attics never intended for their use, and a dining-room capacity of only 180 seats, and not a single vacant place for the additional attendants, required by the increased number of patients, we are indeed nearly at the limit of our capacity. When a hospital becomes crowded to this extent its usefulness largely disappears. It no longer fulfils its proper function as a hospital, and becomes a mere lodging and feeding place for the insane. The surplus of patients who sleep in the attics must be distributed in the day-rooms of the other wards by day. This, in a small hospital like ours, destroys what little attempt at classification we can make in our three wards for each sex. Objectionable patients, harmful to each other, are forced to remain closely associated. Whenever changes from ward to ward or room to room are made, — such as are constantly required by the changing condition of our inmates, — half-a-dozen patients must be moved to make temporary provision for a single one. In this way patients are annoyed and irritated, and their recovery retarded in many cases. The insane, as a rule, object to change when once accustomed to their immediate surroundings. More restraint, chemical and mechanical, is required in a hospital crowded as ours is. Excited patients

whose noise deprives those of sleep whose very life may depend on it must be quieted at some rate, if drugs will do it. Suicidal patients forced to sleep in single rooms, or dangerous patients forced to sleep in associated dormitories, must be sometimes restrained by the camisole, when a proper classification would prevent this unwelcome necessity.

The hospital is not only crowded but is becoming choked with chronic cases, as always happens when there is no increase of accommodation or chance of transfer. The percentage of recoveries has diminished from 39.53 in the year ending April 30, 1884, to 30 per cent. in the last calendar year. For the eight months ending December 31, 1885, it is still less.

In spite of our numbers the emergency cases have not perceptibly diminished. There are sure to be at least 50 cases of noisy, violent, excited, and dangerous patients of this class annually, who must be received and cared for regardless of our lack of room. The lower ward in each wing for this class is already full of cases of the same description, all unfit to associate with the quiet patients in the middle and upper wards. These wards have long been encroached on by patients unfit for them, and altercations and accidents are only avoided by constant vigilance and too frequent seclusion of patients who should have constant exercise in the wards or out of doors. No one can realize the harm resulting from this state of things unless he has had actual experience of it.

It is remarkable that we have succeeded in doing as good work as our percentage of recoveries shows. It is still higher than in the State hospitals. But the overcrowding has only been serious the past three months. The residuum of chronic cases will inevitably increase, and the percentage of recoveries diminish, in spite of the few curable cases which may occasionally be sent. The number of deaths for the calendar year has been 10 per cent. on the whole number

under treatment. This is about our usual percentage, and it is higher than in most other hospitals, for reasons which I have given in former reports. For the last eight months the percentage has fallen to about $7\frac{1}{2}$, which may be due to chance, or may imply a larger proportion of chronic cases. The summer and fall months are the healthiest part of the year.

Very urgent appeals have from time to time been made by the Board of Health, Lunacy, and Charity and the Trustees of the Danvers Hospital for relief from the pressure of city cases. It has been in contemplation for some time to return a hundred or two of the chronic insane from Danvers to Boston, but the entire lack of accommodation for them has prevented the State authorities from actually making the transfer. In my last report I advised the construction of two buildings at Austin Farm suitable for the care of the chronic insane, and suggested that, when the inmates there had been provided for at Long Island, the whole farm should be devoted to the same use.

It was at first thought feasible by the Board to renovate and remodel the old hotel at Long Island for the reception of the inmates at Austin Farm. By this plan immediate possession could be taken of the buildings at the farm for the purposes of an asylum for the insane. I was requested by your president to examine these buildings to determine how well suited they were for their proposed use.

I found an old mansion-house, well adapted for an administration building, and, connected with it by a corridor, a three-story wooden building of recent construction, in excellent condition. Connected with this by another corridor was a similar three-story building of still more recent date. These two buildings now contain, in associated dormitories, nearly two hundred and fifty inmates. They are heated by steam, ventilated, and supplied with fire-escapes. There are kitchens and a laundry suitable for the needs of the present

inmates. A very small sum would cover all the alterations necessary to fit them for the care of the quiet insane. There would be required screens for the upper windows, locks for the outer doors, a few urinals, two or three strong rooms, and some rearrangement of the fences. I should think \$1,000 to \$1,500 would be sufficient to fit them for the care of two hundred insane, provided the present furniture and belongings should be retained. Nearly everything is just as well suited for the use of the insane as for the present inmates.

I should advise putting one hundred female patients in the first wing, and one hundred males in the other wing, the two upper stories to be used for sleeping purposes and infirmaries. The large rooms on the lower floor should be used as dining-halls and day-rooms. I would have all the patients in each wing take their meals together. This is now the most approved plan in asylums of this kind. There are at the farm sixty acres or more of good land, surrounded with large numbers of shade-trees, with fields and orchards, a grove, a pond, an ice-house, stables, a silo, and a considerable stock of cows. The farm is about three-quarters of an hour's ride from the hospital. It is well isolated, lying in the rear of Forest Hills Cemetery, and adjoining a part of the Franklin park.

My plan, as set forth in a communication to your president a few months ago, would be to make the farm an annex to or department of the Boston Lunatic Hospital. This plan of a branch hospital with detached land and buildings is not entirely new, but is rather the fashion when circumstances seem to favor it. At Brattleboro', Vt., there is a Summer Retreat at quite a distance from the main hospital. The School for Feeble-Minded Youth has its farm at Dover; the Massachusetts General Hospital has its Convalescent Home, and the McLean Asylum its cottages at Lynn. I would call the new establishment simply the Farm, and not

the Asylum for Chronic Insane : I dread the moral effect of such a name upon its future inmates. Besides, I would not exclude from the Farm such quiet recent cases as might be trusted, or such convalescent cases as might wish to be sent there for the change of air, or the benefits of out-door employment.

I would select from the patients here and in the State hospitals the cases most suited for removal to the number of one hundred and fifty. The remaining room at the Farm should be filled gradually by transfers from this hospital. If patients at the Farm became excited, they could be at once returned to South Boston, and their places filled by others. This plan would give us the great advantages of plenty of room, an improved classification, and facilities for easy and frequent changes between the two establishments as the changing condition of patients might require. The Farm should be carried on, as far as possible, by its insane inmates, and its products of milk, poultry, vegetables, and fruit be used for both the hospital and Farm. This would materially reduce the cost of maintenance here. The officers at the Farm should consist of an Assistant Physician and Interne, a Farmer, a Male and Female Supervisor, and sufficient attendants and employés to properly care for the patients. The books of both establishments should be kept by a clerk resident at the hospital. Daily reports of the condition of patients and the needs of the Farm should be received at the hospital, where requisitions for the necessary supplies would be made on the Board. This project has unfortunately been delayed by some unforeseen circumstances. The City Architect condemned the hotel building at Long Island as unfit for renovation. Your Board then asked for and obtained an appropriation of \$80,000 for the construction of a brick building at Long Island to accommodate five hundred inmates. The hotel was torn down, its site graded, and excavations made for the foundations of the building, for which the City Architect,

Mr. Vinal, had prepared plans. Bids were received for the work, but no contracts were awarded, as it was found the supply of water in the existing wells at the Island would be inadequate for the purposes of a public institution.¹ I understand that an artesian well has been driven over two hundred feet without getting sufficient water for the boilers. These delays have prevented the progress of building operations until the weather is so cold but little can be done. It was hoped the building would be ready for occupancy in March, but now, even if water should be found immediately, no change could be effected before July. This is much to be regretted, on account of the crowded condition of all our hospitals; but the preceding statement will show that your Board has not been negligent in the effort to provide for the present exigency.

The estimate for hospital expenditures for the year ending April 30, 1886, as finally fixed by your Board, was \$58,000. This was intended to cover certain alterations in plumbing, ventilation of water-closets, and drainage, which are needed to make the hospital safe from epidemic diseases. The above estimate, in common with those of other departments, was reduced ten per cent. by the City Government, in order to bring city expenditures within the tax limit fixed by the last Legislature.

It was plainly impossible, without cheapening our standard of living below what was reasonable and just to our inmates, to bring our expenses within this reduced appropriation. The smaller number of inmates, the absence of farm products, or of storage facilities, and the large number of sick requiring expensive diet, have always made the average cost per week larger than in the State hospitals. As it has proved, we have had some unusual expenditures forced upon us by circumstances beyond our control. For instance, there was a large bill for demurrage and lightering of coal, in consequence of the coal vessel getting aground on the flats. Fire-escapes on

¹Since writing the above a good supply of water has been found.

the cottage building were ordered by the Inspectors of Buildings, and have been put up. The destruction of our stockade fence by a storm made a new fence necessary in the rear, to protect us from stragglers on the beach, and to keep our patients from the water. This new fence has since twice been partially washed away by storms and high tides, the beach having lost the protection afforded by the old pile fence. The same storm revealed the fact, that, although the front fence was in good condition above ground, it had hardly a sound post to stand on. New posts were substituted for the old ones its whole length, and the fences were generally renovated or repaired. Certain parts of the plumbing gave out entirely, by reason of age, so that expensive changes were necessary to conform to the present laws.

It was also thought best to replace the grate bars of the boilers with patent movable bars, at an expense of over \$200. The dumb-waiters have been ordered to be tinned, by the Inspectors of Buildings, and this makes desirable certain changes in their construction before it is done. The whole centre building, out side and in, all the rooms on the two lower halls, and the rear entries and stairways, have been painted by our carpenter, with the aid of attendants and patients. These extraordinary expenditures have cost nearly \$3,500, in addition to the usual items of repairs. The average net cost per week for each patient the past year has been \$4.73, and for the past eight months \$4.74. It is probable that for the year ending April 30, 1886, it will be less, as the next four months no unusual expenses are likely to be incurred. There will, however, be a deficiency of several thousand dollars in the gross amount of expenditures. It must be remembered in this connection that we are now taking care of thirty more patients and attendants than at the beginning of the year. This increased number tends somewhat to diminish the cost per patient, but increases decidedly the total of expenditures.

Some incidents of hospital life may be worthy of brief narration, showing that in spite of constant vigilance affairs do not always run smoothly. Although no suicide or serious accident has occurred, acts of violence are constantly attempted or threatened.

Numerous suicidal attempts have been made without success, one patient having been constantly and desperately suicidal for many months. In spite of watching by day and night, he has inflicted many small injuries on himself. Violent assaults have often been made by patients on their fellows, or on attendants. Hallucinations of hearing are extremely common, and an imaginary insult suddenly transforms a peaceful, and apparently, rational patient into a dangerous person. Several severe self-inflicted injuries have been treated in patients not suicidal, who, by acts of violence, have dangerously wounded themselves. One man with chronic delusions of persecution and false hearing, having escaped from the garden where he was at work with the gardener, was concealed by his friends, who professed to consider him sane. A lawyer was employed to prevent his return and secure his discharge. After several weeks he was arrested by the police, and while being taken to the station deliberately put his foot under a horse-car wheel, for the purpose of being taken to the City Hospital and getting damages from the city or the railroad company.

Our elopements have been six in number, which is small in comparison with hospitals situated in the country. Our small grounds and high fences, and the necessity of limiting exercise to two hours daily under the supervision of three attendants, make escape difficult. In addition to the case mentioned above, a woman while at work in the laundry slipped out of the door unobserved, and ran toward the water, which she reached through a gate by which ashes are wheeled out, then temporarily open. An alarm was given, and in five minutes the Superintendent and an assistant had launched

a boat and rowed to the spot where she was standing. As it happened, her intentions were not suicidal, and she was captured on the beach. A male patient also escaped from the laundry, and was found at home a few hours after.

The fourth elopement was by means of one of our dining-room windows, which, from motives of economy, have not been guarded. The windows have checks to prevent their opening more than six inches, and the doors are kept locked between meals. By carelessness on the part of several attendants, a patient who had been on the watch for a chance to escape gained admission, and removing a check, let himself down by the table-cloth.

The fifth elopement was due to a cause fortunately very uncommon in my experience, — the wilful connivance of a drunken and worthless attendant. A man of some experience, with good recommendations, a plausible appearance, and a certificate of membership in a temperance society, was engaged. In a very short time he showed his true character by being under the influence of liquor. In this condition he allowed a voluntary patient under treatment as a dipsomaniac to take his keys from his room and escape in the night. The next morning his condition and conduct were discovered, and he was summarily ordered out of the house. It was also found that he had probably struck a patient; but as the evidence was all circumstantial, or dependent on the testimony of a demented patient, he was not arrested.

The same patient often makes frequent attempts at escape. This proved true the last month, when the man whose foot was run over climbed the front fence while exercising in the garden. He was closely followed by an attendant, and returned within ten minutes. Another patient, a young man, requires constant watching, by reason of his propensity to mischief, which is constant and lasting. He is continually turning on the gas, twisting the burners off, wrenching off door-knobs, pulling down electric wires, setting fires, striking

or tripping up other patients. He does his mischief quickly and slyly, and denies it persistently. Special attendance has been required to avoid constant seclusion, which would be ruinous to his health. These and all other occurrences of interest in the daily life of the hospital have been at once reported to your Board in our daily report.

Last summer an old lady, who has been an inmate of the hospital for thirty years, and who still retains considerable intelligence, was operated on for cataract by Dr. Wadsworth. She had been fond of reading and sewing, and the entire loss of sight by double cataract was a great deprivation to her. The operation was painless, under the use of cocaine, and was entirely successful, in spite of an attack of excitement, which complicated the after-treatment. She is now able to read and sew, and enjoy her walks in the garden.

The following is a list of the principal entertainments for the past eight months : —

- | | | |
|-------|-----|--------------------------------------|
| June | 12. | Bailey's circus. |
| " | 23. | Mother Goose quadrilles. |
| " | 26. | Rose and strawberry show. |
| July | 4. | Dinner, fireworks, and illumination. |
| " | 7. | Harbor excursion. |
| Aug. | 6. | " " |
| Sept. | 15. | " " |
| " | 17. | Horticultural exhibition. |
| " | 18. | Concert and dancing. |
| Oct. | 10. | Dancing party. |
| " | 27. | " " |
| Nov. | 12. | Chrysanthemum show. |
| " | 26. | Thanksgiving dinner. |
| Dec. | 18. | Dancing party. |
| " | 25. | Christmas dinner. |
| " | 31. | New Year's Eve party. |

Some informal social gathering occurs nearly every week. At our dancing parties we are assisted by amateur or professional vocalists and readers. We are indebted, among others, to Mrs. Edmonds, Miss Edmonds, Miss Hyde, Mr. and Mrs. Mitchel, Miss Lawrence, Miss Parker, Mrs. Galvin, Mr. Clemens, Mr. Holden, Miss Goodrich, Miss Chase, Miss Howard, and Miss Lovering, for assistance on these occasions; also to Mr. Fowle and Mr. Leland for admission to the Horticultural exhibitions; to Mrs. Swan and a party of young ladies and gentlemen from Milton for their "Mother Goose Quadrilles;" to Mr. Prang for again remembering us in his distribution of Christmas cards, crosses, and mottoes; to Mrs. H. Bigelow, Miss Crehore, Mr. C. F. Adams; the Hospital Newspaper Society and others for pamphlets and papers; to Mr. Casey for a game, and engravings for framing.

October 15, Dr. Boland, who had served as first assistant since April 15, 1878, resigned to go into private practice in South Boston. He left with the respect and good-will of all with whom he had come in contact, and we all wish him success and happiness in his return to private life. His place was filled by the promotion of Dr. E. B. Lane, who has been second-assistant physician for about a year. Dr. Lane's place was filled December 24, by the appointment of Dr. Robert Swift. Dr. J. P. Clark has served as interne, or as acting second assistant, until the present time.

In July Miss Jessie Munsie, seamstress, resigned, after a term of service extending to nearly thirty years. She will long be missed by those patients with whom she had daily intercourse, and in whom she took more than an ordinary interest.

With two or three unfortunate exceptions, the officers and employés of the hospital have performed their difficult and disagreeable duties well. There has been shown an intelligent interest in their work, and the condition of the wards, in

spite of overcrowding, has been commendable. Some attendants have shown unusual zeal in preserving neatness and order, to which I am very glad to testify. It should never be forgotten that faithful service in the care of the insane deserves recognition beyond any mere pecuniary reward.

I again take occasion to thank your Board for its continued interest in the welfare of the hospital, and for their so far unsuccessful efforts to relieve its crowded condition.

Very respectfully,

THEO. W. FISHER.

TABLES
FOR
UNIFORM STATISTICS
IN THE
MASSACHUSETTS HOSPITALS AND ASYLUMS
FOR THE INSANE.

Approved by the Board of Health, Lunacy, and Charity, April 3, 1880.

1. GENERAL STATISTICS FOR EIGHT MONTHS.

	Males.	Females.	Totals.
No. of patients in hospital April 30, 1885,	101	102	203
Admission within eight months.....	46	47	93
Emergency	13	15	28
Voluntary.....	6	2	8
Committed	27	30	57
Whole number of cases	147	149	296
Discharged since April 30, 1885	32	35	67
Transferred	7	9	16
Recovered	10	11	21
Much improved .....	.....	.....	.....
Improved	1	3	4
Unimproved	2	.....	2
Deaths	12	12	24
Patients remaining Dec. 31, 1885.....	115	114	229
Number of different persons	147	148	295
“ “ “ admitted ...	46	47	93
“ “ “ recovered ..	9	10	19
Daily average number	106	106	212
¹ Percentage of recoveries	25.6	29.6	27.6

¹ Excluding emergency cases discharged from hospital within five days.

2. MONTHLY ADMISSIONS, DISCHARGES, AND AVERAGES.

MONTHS.	ADMISSIONS.			DISCHARGES (INCLUDING DEATHS.)			DAILY AVERAGE OF PATIENTS IN THE HOUSE.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
May, 1885.....	4	4	8	3	2	5	102.25	103.25	205.50
June	5	0	5	5	2	7	102.25	102.50	207.75
July.....	8	4	12	5	3	8	103.60	103.40	207.00
August	5	8	13	3	7	10	106.75	103.00	209.75
September	6	10	16	4	9	13	109.25	106.00	215.25
October	6	7	13	6	3	9	107.60	106.40	214.00
November	4	10	14	3	6	9	108.25	110.50	218.75
December	8	4	12	3	3	6	112.80	113.60	226.40
Total of cases	46	47	93	32	35	67	.....	.....	.....
Average .....	.....	.....	.....	.....	.....	.....	106.40	106.00	212.40

3. RECEIVED ON FIRST AND SUBSEQUENT ADMISSIONS.¹

NUMBER OF THE ADMISSION.	CASES ADMITTED.			TIME PREVIOUSLY RECOVERED.		
	Male.	Female.	Total.	Male.	Female.	Total.
First	42	44	86	.....	.....	.....
Second	4	1	5	2	1	3
Third .....	.....	1	1	.....	2	2
Fourth .....	.....	1	1	.....	3	3
Total of cases	46	47	93	.....	.....	.....
Total of persons	46	47	93	.....	.....	.....

¹ To this Hospital.

4. AGES OF PERSONS ADMITTED FOR THE FIRST TIME.

AGES.	AT FIRST ATTACK OF INSANITY.			WHEN ADMITTED.		
	Male.	Female.	Total.	Male.	Female.	Total.
Congenital.....	.....	.....	.....	.....	.....	.....
15 years and less ...	.....	4	4	.....	2	2
From 15 to 20 years,	2	3	5	1	3	4
20 to 25.....	7	6	13	7	4	11
25 to 30.....	5	3	8	4	4	8
30 to 35.....	4	5	9	5	6	11
35 to 40.....	4	3	7	4	5	9
40 to 50.....	10	13	23	9	10	19
50 to 60.....	6	1	7	9	3	12
60 to 70.....	2	4	6	1	5	6
70 to 80.....	1	1	2	1	2	3
Over 80 years.....	.....	.....	.....	1	.....	1
Unknown.....	1	1	2	.....	.....	.....
Total	42	44	86	42	44	86

5. PARENTAGE OF PERSONS ADMITTED.

PLACES.	MALE.		FEMALE.		TOTAL.	
	Father.	Mother.	Father.	Mother.	Father.	Mother.
Maine.....	2	4	2	3	4	7
New Hampshire.....		1	3	1	3	2
Vermont.....	2	1	.....	.....	2	1
Massachusetts.....	7	7	4	5	11	12
Indiana.....	.....	.....	1	.....	1	.....
Connecticut.....	.....	.....	1	1	1	1
New York.....	1	.....	.....	.....	1	.....
Tennessee.....	.....	.....	1	1	1	1
Virginia.....	1	1	.....	.....	1	1
Dutch Guiana.....	1	1	.....	.....	1	1
Germany.....	1	1	.....	.....	1	1
Sweden.....	.....	.....	1	1	1	1
England.....	2	3	.....	.....	2	3
Ireland.....	22	22	20	18	42	40
Scotland.....	.....	.....	1	.....	1	.....
Nova Scotia.....	.....	.....	3	4	3	4
Unknown.....	7	5	10	13	17	18
Total.....	46	46	47	47	93	93

7. RESIDENCE OF PERSONS ADMITTED.

PLACES.	Male.	Female.	Total.
Suffolk County.....	46	46	92
Merrimac .....	.....	1	1
Total of Persons.....	46	47	93

7. CIVIL CONDITION OF PERSONS ADMITTED.

NO. OF THE ADMISSION.	UNMARRIED.			MARRIED.			WIDOWED.			DIVORCED.			UNKNOWN.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
First.....	20	23	43	18	17	35	3	3	6	...	...	...	1	1	2
Second	1	...	1	3	...	3	...	1	1	...	...	...	...	...	...
Third .....	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
Fourth .....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Total	21	24	45	21	17	38	3	5	8	...	...	...	1	1	2

8. OCCUPATION OF PERSONS ADMITTED.

OCCUPATION.	Male.	Female.	OCCUPATION.	Male.	Female.
Agents.....	2	.....	Merchants.....	4	.....
Barkeepers.....	2	.....	Mill operative .....	.....	1
Blacksmith	1	.....	Nurse.....	.....	1
Bookbinder .....	.....	1	Packer.....	.....	1
Bottler.....	1	.....	Painters.....	3	.....
Cabinet-maker.....	1	.....	Periodical-dealer.....	1	.....
Cashier	1	.....	Physician	1	.....
Calker.....	1	.....	Policeman.....	1	.....
Clerks	4	.....	Porter	1	.....
Coachman.....	1	.....	Salesman	1	.....
Conductor.....	1	.....	Scholar .....	.....	1
Cooper.....	1	.....	Ship-keeper	1	.....
Domestics.....	.....	7	Shoemaker.....	1	.....
Dressmakers .....	.....	6	Shop-girl.....	.....	1
Engraver.....	1	.....	Stage-dresser .....	.....	1
Farmer.....	1	.....	Straw-worker .....	.....	1
Florists	2	.....	Tailor	1	.....
Gold-plater	1	.....	Tailoresses .....	.....	2
Housekeeper.....	.....	1	Teamster.....	1	.....
Housewives.....	.....	13	Waiter.....	1	.....
Inspector.....	1	.....	Weigher	1	.....
Laborer	1	.....	None	1	10
Law-student	1	.....		
Liquor-dealers	2	.....		
Mechanic	1	.....	Total	46	47

9. REPORTED DURATION OF INSANITY BEFORE LAST ADMISSION.

PREVIOUS DURATION.	FIRST ADMISSION TO ANY HOSPITAL.			ALL OTHER ADMIS- SIONS.			TOTAL.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Congenital . . . . .	.....	.....	.....	.....	.....	.....	.....	.....	.....
Under 1 month	9	11	20	7	3	10	16	14	30
From 1 to 3 months,	5	2	7	.....	2	2	5	4	9
3 to 6 months,	7	5	12	1	1	2	8	6	14
6 to 12 months,	2	.....	2	.....	.....	.....	2	.....	2
1 to 2 years . . .	3	2	5	1	1	2	4	3	7
2 to 5 years . . .	6	3	9	1	1	2	7	4	11
5 to 10 years ..	2	3	5	.....	1	1	2	4	6
10 to 20 years,	1	4	5	.....	.....	.....	1	4	5
Over 20 years . . . . .	.....	.....	.....	.....	2	2	.....	2	2
Unknown	1	3	4	.....	3	3	1	6	7
Total of cases	36	33	69	10	14	24	46	47	93
Total of persons	36	33	69	10	14	24	46	47	93
Average in months..	17	32	24	5	12	8	11	22	16

10. FORM OF DISEASE IN THE CASES ADMITTED.

FORM OF DISEASE.	Male.	Female.	Total.
Mania, acute	13	10	23
“ chronic .....	.....	2	2
“ puerperal .....	.....	1	1
Melancholia, acute.....	5	4	9
Dementia, secondary.....	2	2	4
“ senile.....	2	4	6
General Paralysis.....	6	1	7
Hysterical Mania.....	.....	4	4
Alcoholic Insanity.....	3	.....	3
<i>Folie circulaire</i>	2	1	3
Dipsomania	3	2	5
Moral Imbecility.....	.....	1	1
Epilepsy.....	.....	4	4
Hebephrenia	2	3	5
Monomania	5	4	9
Post Paralytic Insanity.....	1	3	4
Syphilitic Insanity.....	2	.....	2
Tumor of Brain.....	.....	1	1
Total.....	46	47	93

11. ALLEGED CAUSES OF INSANITY IN PERSONS ADMITTED.

CAUSES.	Male.	Female.	Total.
<i>Mental.</i>			
Grief	2	3	5
Anxiety	5	4	9
<i>Physical.</i>			
Ill-health .....	.....	5	5
Overwork	2	5	7
Childbirth .....	.....	3	3
Epilepsy	1	3	4
Alcohol	5	.....	5
Senility	1	1	2
Heredity	3	2	5
Masturbation	1	.....	1
Syphilis	4	.....	4
Apoplexy	2	1	3
Climacteric .....	.....	1	1
Irregular Menses .....	.....	1	1
Dyspepsia	1	.....	1
Religious Excesses .....	.....	1	1
Organic Brain Disease .....	.....	1	1
Unknown	17	15	32
Total	46	47	93

12. RELATION TO HOSPITALS OF PERSONS ADMITTED.

HOSPITAL RELATIONS.	Male.	Female.	Total.
Never before in any hospital.....	36	33	69
Former inmates of this hospital	3	2	5
Former inmates of this hospital and Taunton...	1	.....	1
Former inmates of this hospital, Taunton, Mc- Lean, and Danvers .....	.....	1	1
Former inmates of Danvers .....	.....	1	1
Former inmates of Taunton.....	3	3	6
Former inmates of Danvers and Taunton .....	.....	1	1
Former inmates of Taunton and other States ...	1	.....	1
Former inmates of Worcester.....	1	1	2
Former inmates of McLean.....	.....	1	1
Former inmates of Worcester and Danvers .....	.....	1	1
Former inmates of hospitals in other States.....	1	1	2
Unknown .....	.....	2	2
Total	46	47	93

13. HOW SUPPORTED.

SUPPORTED AS:	PATIENTS ADMITTED.			AVERAGE OF THE YEAR.		
	Male.	Fem.	Total.	Male.	Fem.	Total.
City Patients						
Private						

14. DISCHARGES CLASSIFIED BY ADMISSION AND RESULT.

ADMISSIONS.	RECOVERED.			IMPROVED.			UNIMPROVED.			TRANSFERRED.			DIED.			TOTAL.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
First.....	9	9	18	1	3	4	2	...	2	6	9	15	10	11	21	28	32	60
Second.....	1	1	2	...	...	...	...	...	...	1	...	1	2	1	3	4	2	6
Third.....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Total.....	10	11	21	1	3	4	2	...	2	7	9	16	12	12	24	32	35	67

15. DURATION OF CASES DISCHARGED RECOVERED.¹

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESI- DENCE.			WHOLE DURATION FROM THE ATTACK.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Congenital.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Under 1 month.....	3	3	6	1	.....	1	.....	.....	.....
From 1 to 3 months..	2	2	4	3	.....	3	2	1	3
“ 3 to 6 “ ..	3	2	5	2	4	6	1	2	3
“ 6 to 12 “ ..	.....	1	1	2	2	4	3	2	5
“ 1 to 2 years ..	1	1	2	1	2	3	2	2	4
“ 2 to 5 “ ..	1	1	2	1	3	4	2	2	4
“ 5 to 10 “ ..	.....	1	1	.....	.....	.....	.....	1	1
“ 10 to 20 “ ..	.....	.....	.....	.....	.....	.....	.....	1	1
Over 20 “ ..	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unknown .....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total of cases.....	10	11	21	10	11	21	10	11	21
“ “ persons...	10	11	21	10	11	21	10	11	21
Average in months...	4	12	8	7	13	10	10	26	18

¹ Of the attack resulting in recovery.

16. DURATION OF CASES RESULTING IN DEATH.¹

PERIOD.	DURATION BEFORE ADMISSION.			HOSPITAL RESI- DENCE.			WHOLE DURATION FROM THE ATTACK.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Congenital.....									
Under 1 month.....	3	7	10	4	4	8	1	2	3
From 1 to 3 months..		2	2	2	1	3	2	3	5
“ 3 to 6 “ ..	2	1	3	1	2	3	.....	1	1
“ 6 to 12 “ ..	1	1	2	3	1	4	3	1	4
“ 1 to 2 years ..	2	.....	2	.....	.....	.....	2	1	3
“ 2 to 5 “ ..	4	.....	4	2	4	6	4	3	7
“ 5 to 10 “ ..	.....	.....	.....	.....	.....	.....	.....	.....	.....
“ 10 to 20 “ ..	.....	1	1	.....	.....	.....	.....	1	1
Over 20 “ ..	.....	.....	.....	.....	.....	.....	.....	.....	.....
Unknown.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	12	12	24	12	12	24	12	12	24
Average of known cases in months....	11	14	12	9	19	14	20	41	30

¹ Of the attack resulting in death.

17. CASES DISCHARGED BY RECOVERY OR DEATH. FORM OF INSANITY.

FORM OF INSANITY.	RECOVERIES.			DEATHS.		
	Male.	Female.	Total.	Male.	Female.	Total.
Acute mania.....	2	1	3	.....	1	1
Puerperal mania .....	.....	1	1	1	1	2
Acute melancholia.....	1	5	6	.....	1	1
Chronic melancholia.....	.....	1	1	.....	1	1
Periodical melancholia.....	.....	1	1	.....	.....	.....
Hysterical “ .....	.....	1	1	.....	.....	.....
General paralysis .....	.....	.....	.....	4	1	5
<i>Folie circulaire</i>	1	1	2	.....	1	1
Alcoholic insanity	4	.....	4	.....	.....	.....
Post-paralytic insanity.....	1	.....	1	1	2	3
Cerebral tumor .....	.....	.....	.....	.....	1	1
“ syphilis.....	.....	.....	.....	2	.....	2
Katatonias.....	.....	.....	.....	1	.....	1
Hebephrenia.....	1	.....	1	.....	.....	.....
Secondary dementia .....	.....	.....	.....	.....	2	2
Senile “ .....	.....	.....	.....	3	1	4
Total of cases.....	10	11	21	12	12	24

18. CAUSES OF DEATH.

CAUSES.	Male.	Female.	Total.
<i>Cerebral Disease.</i>			
Cerebral tumor		1	1
“ Syphilis	2	.....	2
Exhaustion from mania		3	3
“ “ chronic melancholia		1	1
“ “ post-paralytic insanity ..	1	2	3
General paralysis.....	3	1	3
<i>Other Causes.</i>			
Diarrhœa.....		1	1
Heart failure.....	1	.....	1
Pneumonia	1	.....	1
Phthisis		1	1
Senility	3	1	4
Thrombosis pulmonary artery.....	1	1	2
Total	12	12	24

19. DEATHS CLASSIFIED BY RESULTS OF PREVIOUS ADMISSION.

NUMBER OF THE ADMISSION.	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			TOTAL.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
First	1	1	...	...	...	1	...	1	1	...	1	2	1	3
Total.....	...	1	1	...	...	...	1	...	1	1	...	1	2	1	3

20. RECOVERIES CLASSIFIED BY RESULTS OF PREVIOUS ADMISSION.

NUMBER OF THE ADMISSION.	RECOVERED.			MUCH IMPROVED.			IMPROVED.			UNIMPROVED.			TOTAL.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
First	2	1	3	...	...	...	1	...	1	2	...	2	5	1	6
Second .....	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1
Total	2	2	4	...	...	...	1	...	1	2	...	2	...	...	7

21. DEATHS CLASSIFIED BY DURATION OF INSANITY AND OF TREATMENT.

PERIOD.	DURATION OF INSANITY.			WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 1 month.....	1	3	4	4	4	8
From 1 to 3 months.....	1	1	2	2	1	3
“ 3 to 6 “ .....	.....	.....	.....	1	.....	1
“ 6 to 12 “	3	2	5	3	3	6
“ 1 to 2 years.....	1	1	2	.....	.....	.....
“ 2 to 5 “	6	2	8	2	3	5
“ 5 to 10 “ .....	.....	1	1	.....	1	1
“ 10 to 20 “ .....	.....	1	1	.....	.....	.....
Over 20 years.....	.....	1	1	.....	.....	.....
Total.....,.....	12	12	24	12	12	24
Average of cases in months.	22	62	51	9	20	28

22. AGES OF THOSE WHO DIED.

AGES.	AT THE TIME OF THE FIRST ATTACK.			AT THE TIME OF DEATH.		
	Male.	Female.	Total.	Male.	Female.	Total.
From 20 to 25 years.....	.....	2	2	.....	1	1
“ 25 to 30 “	1	1	2	1	.....	1
“ 30 to 35 “ .....	.....	.....	.....	.....	.....	.....
“ 35 to 40 “	3	1	4	2	2	4
“ 40 to 50 “	4	3	7	5	3	8
“ 50 to 60 “ .....	.....	4	4	.....	3	3
“ 60 to 70 “	1	1	2	.....	3	3
“ 70 to 80 “	3	.....	3	4	.....	4
Over 80 years.....	.....	.....	.....	.....	.....	.....
Total.....	12	12	24	12	12	24

23. RELAPSED CASES ADMITTED IN EACH YEAR, AND DISCHARGED IN EIGHT MOS. ENDING DEC. 31, 1885.

YEARS ENDING APRIL 30.	CASES PREVIOUSLY RECOVERED IN THIS HOSPITAL.																				
	ADMITTED.			DISCHARGED AND DIED IN 8 Mos.															Remain- ing April 30, 1885.		
				Recove'd.			M'ch imp.			Imp'd.			Unimp'd.			Died.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1840.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1841.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1842.....	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1843.....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1844.....	...	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1845.....	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1846.....	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1847.....	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1848.....	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1849.....	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1850.....	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1851.....	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1852.....	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1853.....	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1854.....	3	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1855.....	2	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1856.....	5	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1857.....	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1858.....	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1859.....	3	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1860.....	8	5	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1861.....	9	8	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1862.....	12	4	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1863.....	7	3	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1864.....	5	2	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1865.....	4	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1866.....	7	2	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
1867.....	6	2	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1868.....	3	4	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1869.....	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
1870.....	5	2	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
1871.....	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1872.....	4	3	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1873.....	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1874.....	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1875.....	3	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1876.....	5	4	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1877.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1878.....	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1879.....	3	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
1880.....	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
1881.....	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
1882.....	5	4	9	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	2
1883.....	4	5	9	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2
1884.....	5	6	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	3
1885.....	...	3	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2
1885*.....	2	3	5	1	...	1	...	...	...	...	...	...	1	...	1	1	1	2	1	2	3
Total.....	135	100	235	1	2	3	...	...	...	...	...	...	1	...	1	2	1	3	14	5	19

* 8 months ending Dec. 31, 1885.

